

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Society for Vascular Surgery Political Action Committee

ADDRESS (number and street)

633 N. St. Clair St.

24th Floor

☐ Check if different than previously reported. (ACC)

Chicago

IL

60611

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00381459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ PRE-Election
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

☐ POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 25 2014

through

M M M / D D D / Y Y Y Y Y Y
12 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rebecca M. Maron

Signature of Treasurer

Rebecca M. Maron

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 31 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Society for Vascular Surgery Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 25 / 2014 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		89373.20
(b) Cash on Hand at Beginning of Reporting Period.....	90567.56	
(c) Total Receipts (from Line 19)	26306.00	110500.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	116873.56	199873.56
7. Total Disbursements (from Line 31)	0.00	83000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	116873.56	116873.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Society for Vascular Surgery Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
11 25 2014

To:

M M / D D / Y Y Y Y Y
12 31 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

24270.00

93062.68

(ii) Unitemized

2036.00

17437.68

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

26306.00

110500.36

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

26306.00

110500.36

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

26306.00

110500.36

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

26306.00

110500.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	83000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	83000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	83000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26306.00	110500.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26306.00	110500.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark A Adelman

Mailing Address 530 1st Ave
Suite 6F

City State Zip Code
New York NY 10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Vascular Assocs

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.8219

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Samuel S. Ahn

Mailing Address 1082 Glendon Ave.

City State Zip Code
Los Angeles CA 90024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ Vascular Assocs.

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 17 / 2014

Transaction ID : SA11AI.8181

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr. Grady D. Alsabrook

Mailing Address 504 Morningside Drive

City State Zip Code
San Antonio TX 78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed, Private Practic

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2014

Transaction ID : SA11AI.8160

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. George Anton

Mailing Address 6801 Mayfield Road

City State Zip Code
Cleveland OH 44124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundation

Occupation
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 29 2014

Transaction ID : SA11AI.8223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard C Arnsperger

Mailing Address 7420 Switzer

City State Zip Code
Shawnee KS 66203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vascular Surgery Association

Occupation
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 22 2014

Transaction ID : SA11AI.8204

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Andrew M. Bakken

Mailing Address 3774 Dorothea Court, South

City State Zip Code
Fargo ND 58104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Private Practice - Self

Occupation
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 26 2014

Transaction ID : SA11AI.8123

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1335.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Andrew M. Bakken

Mailing Address 3774 Dorothea Court, South

City State Zip Code
 Fargo ND 58104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Private Practice - Self

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2014

Transaction ID : SA11AI.8186

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Beezley

Mailing Address 7420 Switzer

City State Zip Code
 Shawnee KS 66203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Private Practice

Occupation

Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 22 2014

Transaction ID : SA11AI.8205

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Todd Berland

Mailing Address 530 1st Ave
 Suite 6F

City State Zip Code
 New York NY 10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Vascular Assocs

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2014

Transaction ID : SA11AI.8216

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1585.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Neal S Cayne

Mailing Address 530 1st Ave
Suite 6F

City State Zip Code
New York NY 10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Vascular Assoc

Occupation
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.8212

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jenny G Cho

Mailing Address 11632 South Carriage Road

City State Zip Code
Olathe KS 66062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vascular Surgery Association

Occupation
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2014

Transaction ID : SA11AI.8203

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Daniel P Connelly

Mailing Address 12217 Washington Court

City State Zip Code
Kansas City MO 64145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vascular Surgery Association

Occupation
vascular surgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2014

Transaction ID : SA11AI.8202

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jack L Cronenwett

Mailing Address One Medical Center Drive

City

Lebanon

State

NH

Zip Code

03756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Clinic

Occupation

vascular surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.8209

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. R. Clement Darling

Mailing Address 10 Park Edge Lane

City

Delmar

State

NY

Zip Code

12054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Private Practice

Occupation

Vascular Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2014

Transaction ID : SA11AI.8200

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Mathew Eagleton

Mailing Address 2671 Cranlyn Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Cleveland Clinic

Occupation

vascular surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11AI.8130

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1335.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mathew Eagleton

Mailing Address 2671 Cranlyn Road

City State Zip Code
 Shaker Heights OH 44122

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Cleveland Clinic

Occupation
 vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 19 / 2014

Transaction ID : SA11AI.8192

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr. James R Elmore

Mailing Address 100 North Academy Ave.

City State Zip Code
 Danville PA 17822

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Geisinger Medical Center

Occupation
 vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 02 / 2014

Transaction ID : SA11AI.8144

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Obinna N. Eruchalu

Mailing Address 1928 Randolph Rd.

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Metrolina Surgical Specialists

Occupation
 vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 18 / 2014

Transaction ID : SA11AI.8182

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

685.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael S. Greer

Mailing Address 979 East Third Street
Suite 401

City State Zip Code
Chattanooga TN 37403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. Surgical Assocs

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SA11AI.8170

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Kirk Hance

Mailing Address 3524 W. 97th Place

City State Zip Code
Leawood KS 66206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Private Practice Physician

Occupation

Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2014

Transaction ID : SA11AI.8206

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Christopher Healey

Mailing Address 887 Congress Street
Suite 400

City State Zip Code
Portland ME 04102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine Surgical Care Group

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11AI.8124

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Healey

Mailing Address 887 Congress Street
Suite 400

City State Zip Code
Portland ME 04102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maine Surgical Care Group

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.8187

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Karl A Illig

Mailing Address 1274 Clover Street

City State Zip Code
Rochester NY 14610

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11AI.8125

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr. Karl A Illig

Mailing Address 1274 Clover Street

City State Zip Code
Rochester NY 14610

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.8188

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Glenn R Jacobowitz

Mailing Address 530 1st Ave
suite 6F

City State Zip Code
New York NY 10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Vascular Assocs

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.8218

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John Kirkland

Mailing Address 504 Redmond Road

City State Zip Code
Rome GA 30165

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Harbin Clinic

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11AI.8131

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. John Kirkland

Mailing Address 504 Redmond Road

City State Zip Code
Rome GA 30165

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Harbin Clinic

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.8193

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Larry Kraiss

Mailing Address 30 N. 1900th

City State Zip Code
Salt Lake City UT 84132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Utah Medical Center

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11AI.8132

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr. Larry Kraiss

Mailing Address 30 N. 1900th

City State Zip Code
Salt Lake City UT 84132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Utah Medical Center

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.8194

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Dr. Timothy Kresowik

Mailing Address 433 Galway Drive

City State Zip Code
Iowa City IA 52246

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.8189

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

220.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kara Kvilekval

Mailing Address 2500 Nesconsett Hwy
Bldg 21C

City State Zip Code
Stony Brook NY 11790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vas. Assocs. of Long Island

Occupation

Vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11AI.8133

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Kara Kvilekval

Mailing Address 2500 Nesconsett Hwy
Bldg 21C

City State Zip Code
Stony Brook NY 11790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vas. Assocs. of Long Island

Occupation

Vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.8195

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Patrick J. Lamparello

Mailing Address 530 First Street
Suite 6F

City State Zip Code
New York NY 10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Langone Medical Center

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.8211

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gregory J Landry

Mailing Address 3181 SW Sam Jackson Park Road

City State Zip Code
 Portland OR 97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 29 2014

Transaction ID : SA11AI.8224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Peter F. Lawrence

Mailing Address 10380 Wilshire Blvd.
 Apt. 1501

City State Zip Code
 Los Angeles CA 90024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Private Practice

Occupation

Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 08 2014

Transaction ID : SA11AI.8157

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas Maldonado

Mailing Address 530 1st Ave
 Suite 6F

City State Zip Code
 New York NY 10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Vascular Assocs.

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2014

Transaction ID : SA11AI.8213

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Ashraf M Mansour

Mailing Address P.O. Box 312

City

State

Zip Code

Ada

MI

49301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Spectrum Health

vascular surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2014

Transaction ID : SA11AI.8199

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Firas F Mussa

Mailing Address 530 1st Ave
Suite 6F

City

State

Zip Code

New York

NY

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NYU Vascular Assocs

vascular surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.8214

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Deepak Nair

Mailing Address 600 N. Cattlemen Road

City

State

Zip Code

Sarasota

FL

34232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sarasota Vascular Specialists

Vascular Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2014

Transaction ID : SA11AI.8222

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Peter R. Nelson

Mailing Address 2 Tampa General Circle

City State Zip Code
Tampa FL 33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of South Florida

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2014

Transaction ID : SA11AI.8142

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert Patterson

Mailing Address 486 Silver Spring Street

City State Zip Code
Providence RI 02888

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Surgical Care Grp

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11AI.8127

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert Patterson

Mailing Address 486 Silver Spring Street

City State Zip Code
Providence RI 02888

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Surgical Care Grp

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.8190

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Sachin V. Phade

Mailing Address 3091 Enclave Bay Drive

City State Zip Code
 Chattanooga TN 37415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Surgical Assocs.

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 14 / 2014

Transaction ID : SA11AI.8168

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey T. Prem

Mailing Address 1445 Harris

City State Zip Code
 Canton OH 44708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Surgical Specialists

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 08 / 2014

Transaction ID : SA11AI.8158

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Reagan W. Quan

Mailing Address 9040-A Fitzsimmons Ave

City State Zip Code
 Tacoma WA 98431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madigan Army Medical Center

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.8228

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Caron B Rockman

Mailing Address 530 1st Ave
Suite 6F

City State Zip Code
New York NY 10016

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU Vascular Assocs

Occupation
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.8217

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Mikel Sadek

Mailing Address 435 E. 70th Street
Suite 14L

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYU School of Medicine

Occupation
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2014

Transaction ID : SA11AI.8210

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Stephanie Saltzberg

Mailing Address 43 New Scotland Ave
Suite MC 157

City State Zip Code
Albany NY 12208

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Vascular Group

Occupation
vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2014

Transaction ID : SA11AI.8220

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Larry Scher

Mailing Address 111E. 210th Street

City State Zip Code
Bronx NY 10467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Montefiore Medical Center

Occupation

Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2014

Transaction ID : SA11AI.8156

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Joseph R. Schneider

Mailing Address 25 North Winfield Road

City State Zip Code
Winfield IL 60190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Dupage Hospital

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11AI.8135

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr. Joseph R. Schneider

Mailing Address 25 North Winfield Road

City State Zip Code
Winfield IL 60190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Dupage Hospital

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.8197

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Peter Schubart

Mailing Address 24624 Oliver Tree Lane

City State Zip Code
Los Altos Hills CA 94024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Private practice - self

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2014

Transaction ID : SA11AI.8138

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Murray Shames

Mailing Address 2 Tampa General Circle

City State Zip Code
Tampa FL 33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of South Florida

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2014

Transaction ID : SA11AI.8141

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Sunita D Srivastava

Mailing Address 2671 Cranlyn Road

City State Zip Code
Shaker Heights OH 44122

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Cleveland Clinic

Occupation

Vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11AI.8136

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

535.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Sunita D Srivastava

Mailing Address 2671 Cranlyn Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Cleveland Clinic

Occupation

Vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.8198

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr. Bauer E. Sumpio

Mailing Address 333 Cedar Street

City

New Haven

State

CT

Zip Code

06510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale-New Haven Medical Center

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2014

Transaction ID : SA11AI.8128

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr. Bauer E. Sumpio

Mailing Address 333 Cedar Street

City

New Haven

State

CT

Zip Code

06510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale-New Haven Medical Center

Occupation

vascular surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SA11AI.8191

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael A. Vasquez

Mailing Address 415 Tremont Street

City

North Tonawanda

State

NY

Zip Code

14120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed, Private Practic

Occupation

vascular surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 26 / 2014

Transaction ID : SA11AI.8129

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Frank J Veith

Mailing Address 530 1st Ave
Suite 6F

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Vascular Assocs

Occupation

vascular surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 26 / 2014

Transaction ID : SA11AI.8215

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael T Watkins

Mailing Address 15 Parkman Street
Suite 440

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mass General Hospitals

Occupation

vascular surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 16 / 2014

Transaction ID : SA11AI.8172

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Society for Vascular Surgery Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Fred Weaver

Mailing Address 1510 San Pardo

City

Los Angeles

State

CA

Zip Code

90033

FEC ID number of contributing
federal political committee.

C

Name of Employer

USC

Occupation

Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2014

Transaction ID : SA11AI.8155

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

24270.00